

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6857
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. St. Johns Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

H56 Bruce Avery Sloan
 (a) Residence, No. R. 3. Box 507 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 0 01

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Smith Garage
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oronogo, Missouri

FATHER 13. NAME Avery Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mabel Qualls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Mo.

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Est. of the New Mans. DATE 2-21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Langley Mortuary, Joplin, Mo.

20. FILED 2-21-39 Ed B. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-17-39 to 2-17-39
 I last saw him alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 1:50 p.m. 2/17/39
 The principal cause of death and related causes of importance were as follows:

Automobile accident
Internal Injuries
Ruptured base of skull
 Date of onset 2/17/39

Other contributory causes of importance:
Car was wrecked and he was thrown from the car

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide: falling Date of injury 2/16, 1939
 Where did injury occur? Jasper County, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

on Highway
 Manner of injury Automobile accident
 Nature of injury Ruptured base of skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. Winchester Carson M. D.
 (Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-630

Date Filed MAR 11 1939

2108-
9-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Steve D. Parker

Licensed Embalmer No. 25148

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

6857
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No.
 (c) City Joplin (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bruce Avery Sloan

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 0 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.
 The principal cause of death and related causes of importance were as follows:

auto accident
Internal injuries
7/0
 Date of onset Y.

Other contributory causes of importance:
Car was Wrecked and he was thrown from the Car
Car was turned over an embankment

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc. Date of injury 2-16-1939
 Where did injury occur? Joplin, Jasper Co. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Automobile
 Manner of injury Automobile accident
 Nature of injury Ruptured Aorta

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) A. N. Winchester, Jr.
 (Address) Joplin Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

